

Page 1

CLAIMS ONLY							Application Number 09 955 056		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/					51	/		
2		/					52	/		
3		/					53	/		
4		/					54	/		
5		/					55	/		
6		/					56	/		
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10		/					60	/		
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37		/					87	/		
38	/	/					88	/		
39	/	/					89	/		
40	/	/					90	/		
41	/	/					91	/		
42	/	/					92	/		
43	/	/					93	/		
44	/	/					94	/		
45	/	/					95	/		
46	/	/					96	/		
47	/	/					97	/		
48	/	/					98	/		
49	/	/					99	/		
50	/	/					100	/		
Total							Total			
Indep							Indep			
Total							Total			
Depend							Depend			
Total							Total			
Claims							Claims			

Page 2

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
10 1							51			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total							Total			
Indep							Indep			
Total							Total			
Depend							Depend			
Total							Total			
Claims							Claims			